

Additional Data to Annual Statement for the Year Ending December 31,

Company:

NAIC Company Code:

Analysis of Washington Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medical Only	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-term Care	Other
1. Net Premium Income													
2. Change in unearned premium reserves and reserves for rate credits													
3. Fee for service (net of \$_____ medical expenses)													
4. Risk revenue													
5. Aggregate write ins for other health care related revenues													
6. Total revenues (Lines 1 to 5)													
7. Total medical/hospital benefits													
8. Other professional services													
9. Outside referrals													
10. Emergency room and out-of-area													
11. Prescription drugs													
12. Aggregate write-ins for other medical and hospital													
13. Incentive pool and withhold adjustments													
14. Subtotal (Lines 7 to 13)													
15. Net reinsurance recoveries													
16. Total medical and hospital (Line 14 minus 15)													
17. Claims adjustment expenses													
18. Total general administrative expenses													
19. Increase in reserves for accident and health contracts													
20. Total underwriting deductions (Lines 16 to 19)													
21. Net underwriting gain or (loss) (Line 6 minus Line 20)													
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)													
1201.													
1202.													
1203.													
1298. Summary of remaining write-ins for Line 12 from overflow page													
1299. Totals (Lines 1201 through 1203 plus 1298)(Line 12 above)													

Additional Data to Annual Statement for the Year Ending December 31,

Company:

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Analysis of the Washington Comprehensive Line

	1	2	3	4	5		6
					State Contracts		
					5a	5b	
	Total Comprehensive (Hospital & Medical)	Individual Contracts	Small Group Contracts	Large Group Contracts (Except State Contracts)	Basic Health Plan	Public Employees Benefit Board	Other
1. Net Premium Income							
2. Change in unearned premium reserves and reserves for rate credits							
3. Fee for service (net of \$ _____ medical expenses)							
4. Risk revenue							
5. Aggregate write ins for other health care related revenues							
6. Total revenues (Lines 1 to 5)							
7. Total medical/hospital benefits							
8. Other professional services							
9. Outside referrals							
10. Emergency room and out-of-area							
11. Prescription drugs							
12. Aggregate write-ins for other medical and hospital							
13. Incentive pool and withhold adjustments							
14. Subtotal (Lines 7 to 13)							
15. Net reinsurance recoveries							
16. Total medical and hospital (Line 14 minus 15)							
17. Claims adjustment expenses							
18. Total general administrative expenses							
19. Increase in reserves for accident and health contracts							
20. Total underwriting deductions (Lines 16 to 19)							
21. Net underwriting gain or (loss) (Line 6 minus Line 20)							
DETAILS OF WRITE-INS							
0501.							
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1201.							
1202.							
1203.							
1298. Summary of remaining write-ins for Line 12 from overflow page							
1299. Totals (Lines 1201 through 1203 plus 1298)(Line 12 above)							

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Group Enrollment and Utilization in Washington

	1	2	3	4		5
				State Contracts		
	Total Group Comprehensive (Hospital & Medical)	Small Group Contracts	Large Group Contracts (Except State Contracts)	4a	4b	
				Basic Health Plan	Public Employees Benefit Board	Other
Total Members at end of:						
1. Prior Year						
2. First Quarter						
3. Second Quarter						
4. Third Quarter						
5. Current Year						
6. Current Year Member Months						
Total Member Ambulatory Encounters for Year:						
7. Physician						
8. Non-Physician						
9. Total						
10. Hospital Patient Days Incurred						
11. Number of Inpatient Admissions						

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Underwriting of Indemnity Calculation or Funded Reserve

Prior to March 1: If the market value of a securities deposit is less than the required amount, deposit additional cash or eligible securities. If the amount of the surety bond is less than the required amount, increase the amount.

Check Certificate of Registration type:

Health Maintenance Organization - \$150,000 Funded Reserve is maintained by:

Cash or securities deposit
Surety Bond
Combination of the two

Health Care Service Contractor - complete A1-A5 and B1-B10.

Limited Health Care Service Contractor - certificate held for:
More than three years - complete C1-C8.
Less than three years - complete D1-D4.

} Indemnity is maintained by:
Cash or securities deposit
Surety bond
Insurance policy

Health Care Service Contractor:

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

- A1. Premiums Collected
- A2. One-twelfth
- A3. Calculated Requirement (line A1 x line A2)
- A4. Minimum Indemnity
- A5. Indemnity Required (greater of Line A3 or line A5)

Calculation of Indemnity Required (WAC 284-44-340):

	1	2	3
	Incurred but Unpaid	Service Benefits	Non-Service (Indemnity) Benefits
B1. Line of Business Subtotal			
B2. Percentage of Claim Reserve and Claim Liability	100%		
B3. Estimated Increase (Decrease) During Ensuing Year			
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			
B5. Policy Reserves			
B6. Premiums Received in Advance			
B7. Total Unearned Prepayments (line B5 + line B6)			
B8. Calculated Alternative Indemnity Requirement (line B4 + line B7)			
B9. Minimum indemnity			
B10. Indemnity required (greater of line B8 or line B9)			

Limited Health Care Service Contractor - certificate held MORE than three years:

- C1. Uncovered Expenditures
- C2. Anticipated increase or decrease in the line above
- C3. Total (line C1 + line C2)
- C4. Twenty-five percent
- C5. Line C3 x line C4
- C6. Policy Reserves
- C7. Premiums Received in Advance
- C8. Indemnity Required (line C5 + line C6 + line C7)

Limited Health Care Service Contractor - certificate held for LESS than three years:

- D1. Projected net premiums earned for the next year.
- D2. One-half of one percent
- D3. Indemnity Required (line D1 x D2)
- D4. insures or guarantees the
LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is .